SERIAL NUMBER:

09/508496

_		
7	N/A	•

PCT OFFICE OF FINANCE

CRYSTAL PLAZA 2 - 5TH FLOOR

FROM:

PCT INTERNATIONAL DIVISION - DO/EO

CRYSTAL PLAZA 2 - 8TH FLOOR

PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FRO)M	ТО								
CODE 964	312 W	964 966	78, co							
		<u> </u>								
		·								
OTHER:										
CHARGE VOUCHER IS ATTACHED TO CHARGE REFUND ADDITIONAL FEES										
O1	THER:									
THE OXIGINAL METHOD OF PAYMENT WAS:										
В	A CHECK									
BY A CHARGE TO DEPOSIT ACCOUNT NO.										



PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/508 496

CLAIMS AS FILED - PART I (Column 1) (Column 2)						,	SMALL ENTITY TYPE OR		OTHER THAN SMALL ENTITY				
FOR				R FILED		NUMBER		Г	RATE	FEE] 	RATE	-ENTITY
BASIC FEE							37	3 (1)	345.00	OR		-690.00 -80.00	
TOTAL CLAIMS US minus 20=				20=	. 2	5		X\$ 9=		OR	X\$18=	400	
INDEPENDENT CLAIMS / minus 3 = 1				* 3	3	-	X39=		1 1	X78=	72/		
MULTIPLE DEPENDENT CLAIM PRESENT								F			OR		July 2
* If the difference in column 1 is less than zero, enter "0" in column 2							L.	+130=		OR	+260=	160 100	
				MENDED	-		· ·		TOTAL		OR	TOTAL	1184
		(Colu	ımn 1)		(0	Column 2)	(Column		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM/	AIMS AINING TEA DMENT		1	HIGHEST NUMBER Y	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	. (2)	10	Minus	**		-33		X\$ 9=		OR	X\$18=	774
AME	Independent FIRST PRESE	* I	S CE MI	Minus	***		= (2)		X39=		OR	X78=	750
	FINST PHESE	INTATIO	N OF MC	DETIPLE DEI	PENL	DENT CLAIM			+130=		OR	+260=	7
								L AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	Op a
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		REM/ AF	AINING TER DMENT	A State of the sta	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		= '		X\$ 9=		OR	X\$18=	
AME	Independent	*	NOTA	Minus	***		= .		X39=	`	OR	X78=	
	FIRST PRESE	NIAIIO	N OF MC	JETIPLE DEF	ENL	DENT CLAIM			-130=		OR	+260=	
								ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
	or noste yes residen		mn 1)			olumn 2)	(Column 3)						
AMENDMENT C		REMA	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=	5	(\$ 9= ·		OR	X\$18=	
AME	Independent	<u> </u>		Minus	***		=		K39=		ŀ	X78=	-
	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PEND	ENT CLAIM					OR		-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20 anted" 20 " * TOTAL * OR TOTAL													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													